

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/299,139	04/23/99	514	1614 1644	A013

APPLICANT

JEFFREY BROWNING, BROOKLINE, MA; PAULA SUSAN HOCHMAN, NEWTON, MA;
 PAUL D. RENNERT, MILLS, MA; FABIENNE MACKAY, NEWTON C. HILL, MA.

CONTINUING DOMESTIC DATA***

VERIFIED THIS APPLN IS A CON OF PCT/US97/19436 10/24/97
 PROVISIONAL APPLICATION NO. 60/029,060 10/25/96

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/17/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	Sheets Drawing 8	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 7
Verified and Acknowledged Examiner's Initials	Initials				

ADDRESS	BIOGEN INC. KERRY A FLYNN ESQ 14 CAMBRIDGE CENTER CAMBRIDGE MA 02142
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TITLE	SOLUBLE LYMPHOTOXIN-BETA RECEPTORS AND ANTI-LYMPHOTOXIN RECEPTOR AND LIGAND ANTIBODIES AS THERAPEUTIC AGENTS FOR THE TREATMENT OF IMMUNOLOGICAL DISEASES
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FILING FEE RECEIVED \$1,612	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 2882

SERIAL NUMBER 09/299,139	FILING DATE 04/23/1999 RULE	CLASS 514	GROUP ART UNIT 1642	ATTORNEY DOCKET NO. A013
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APPLICANTS

JEFFREY BROWNING, BROOKLINE, MA;
PAULA SUSAN HOCHMAN, NEWTON, MA;
PAUL D. RENNERT, MILLS, MA;
FABIENNE MACKAY, NEWTON C. HILL, MA;

**** CONTINUING DATA *******

THIS APPLICATION IS A CON OF PCT/US97/19436 10/24/1997
AND CLAIMS BENEFIT OF 60/029,060 10/25/1996

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 05/17/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 8	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

BIOGEN INC.
KERRY A FLYNN ESQ
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CAMBRIDGE , MA 02142

TITLE
LYMPHOTOXIN-BETA RECEPTOR BLOCKING AGENTS FOR THE TREATMENT OF ANTIBODY MEDIATED IMMUNOLOGICAL DISEASES

FILING FEE RECEIVED
2122

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
No. _____ for following:

- All Fees
- 1.16 Fees (Filing)
- 1.17 Fees (Processing Ext. of time)
- 1.18 Fees (Issue)
- Other _____
- Credit